

CREST VIEW

612 VIEW STREET

NEW LISBON

53950

Phone: (608) 562-3667

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/01): 60

Total Licensed Bed Capacity (12/31/01): 60

Number of Residents on 12/31/01: 54

Ownership:

Highest Level License:

Operate in Conjunction with CBRF? No

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 52

Non-Profit Corporation

Skilled

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/01)				Length of Stay (12/31/01)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.4
Supp. Home Care-Personal Care	No					1 - 4 Years		46.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.9	More Than 4 Years		33.3
Day Services	No	Mental Illness (Org./Psy)	24.1	65 - 74	13.0			-----
Respite Care	No	Mental Illness (Other)	1.9	75 - 84	29.6			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.3	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	1.9		100.0	(12/31/01)		
Other Meals	No	Cardiovascular	18.5	65 & Over	98.1	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		17.8
Referral Service	No	Diabetes	1.9	Sex	%	LPNs		4.1
Other Services	No	Respiratory	5.6		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	33.3	Male	24.1	Aides, & Orderlies		
Mentally Ill	No		-----	Female	75.9			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medi care (Title 18)			Medi caid (Title 19)			Other		Pri vate Pay			Fami ly Care		Managed Care			Total Resi - dents	% Of All		
	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%			Per Di em (\$)	
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	4	100.0	272	41	100.0	99	0	0.0	0	9	100.0	135	0	0.0	0	0	0.0	0	54	100.0
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	4	100.0		41	100.0		0	0.0		9	100.0		0	0.0		0	0.0		54	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01				
				% Needing Assistance of One Or Two Staff	% Totally Dependent	Total Number of Residents
Percent Admissions from		Activities of	%			
Private Home/No Home Health	5.9	Daily Living (ADL)	Independent			
Private Home/With Home Health	5.9	Bathing	0.0	68.5	31.5	54
Other Nursing Homes	23.5	Dressing	3.7	75.9	20.4	54
Acute Care Hospitals	64.7	Transferring	20.4	50.0	29.6	54
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.5	53.7	27.8	54
Rehabilitation Hospitals	0.0	Eating	51.9	38.9	9.3	54
Other Locations	0.0	*****				
Total Number of Admissions	17	Continence	%	Special Treatments		%
Percent Discharges To:		Indwelling Or External Catheter	9.3	Receiving Respiratory Care		14.8
Private Home/No Home Health	21.1	Occ/Freq. Incontinent of Bladder	44.4	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	37.0	Receiving Suctioning		0.0
Other Nursing Homes	5.3			Receiving Ostomy Care		3.7
Acute Care Hospitals	15.8	Mobility		Receiving Tube Feeding		1.9
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	27.8	Receiving Mechanically Altered Diets		37.0
Rehabilitation Hospitals	0.0					
Other Locations	0.0	Skin Care		Other Resident Characteristics		
Deaths	57.9	With Pressure Sores	1.9	Have Advance Directives		100.0
Total Number of Discharges (Including Deaths)	19	With Rashes	7.4	Medications		
				Receiving Psychoactive Drugs		14.8

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	86.7	88.1	0.98	84.6	1.02
Current Residents from In-County	92.6	83.9	1.10	77.0	1.20
Admissions from In-County, Still Residing	64.7	14.8	4.37	20.8	3.11
Admissions/Average Daily Census	32.7	202.6	0.16	128.9	0.25
Discharges/Average Daily Census	36.5	203.2	0.18	130.0	0.28
Discharges To Private Residence/Average Daily Census	7.7	106.2	0.07	52.8	0.15
Residents Receiving Skilled Care	100.0	92.9	1.08	85.3	1.17
Residents Aged 65 and Older	98.1	91.2	1.08	87.5	1.12
Title 19 (Medicaid) Funded Residents	75.9	66.3	1.15	68.7	1.11
Private Pay Funded Residents	16.7	22.9	0.73	22.0	0.76
Developmentally Disabled Residents	0.0	1.6	0.00	7.6	0.00
Mentally Ill Residents	25.9	31.3	0.83	33.8	0.77
General Medical Service Residents	33.3	20.4	1.63	19.4	1.72
Impaired ADL (Mean)*	53.3	49.9	1.07	49.3	1.08
Psychological Problems	14.8	53.6	0.28	51.9	0.29
Nursing Care Required (Mean)*	8.3	7.9	1.05	7.3	1.14